

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>100574895</i>	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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49						
50						
TOTAL IND.	23					
TOTAL DEP.	1280	179				
TOTAL CLAIMS	133					

*		*		*
IND.	DEP.	IND.	DEP.	IND.
51				
52				
53				
54				
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59				
60				
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97				
98				
99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	1			1			51			
2		1					52			
3		1					53			
4		1					54			
5		1					55			
6		1					56			
7		1					57			
8		1					58			
9		1					59			
10		1					60			
11		1					61			
12		1					62			
13		1					63			
14		1					64			
15		1					65			
16		1					66			
17	16						67			
18	16						68			
19	16						69			
20	1						70			
21	1						71			
22	1						72			
23	1	4					73			
24	1	4					74			
25	1	4			1		75			
26	1	8			8		76			
27	1	8			8		77			
28	1	8			8		78			
29	1	8			8		79			
30	1	8			8		80			
31	1	8			8		81			
32	1	8			8		82			
33	1	8			8		83			
34	1	8			8		84			
35	1	8			8		85			
36	1	8			8		86			
37	1	8			8		87			
38	1	8			8		88			
39	1	8			8		89			
40	1	8			8		90			
41	1	8			8		91			
42	1	8			8		92			
43	1	8			8		93			
44	1	8			8		94			
45	1	8			8		95			
46	1	8			8		96			
47	1	8			8		97			
48	1	8			8		98			
49	1	8			8		99			
50	1	8			8		100			
TOTAL IND.	243				3		TOTAL IND.			
TOTAL DEP.	63				130		TOTAL DEP.			
TOTAL CLAIMS	91				133		TOTAL CLAIMS			

776 1200

C4P0

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS